

EQUAL EMPLOYMENT

OPPORTUNITY PLEDGE

Mountain States Line Constructors will not discriminate against apprenticeship applicants or apprentices based on RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX (INCLUDING PREGNANCY AND GENDER IDENTITY), SEXUAL ORIENTATION, GENETIC INFORMATION, OR BECAUSE THEY ARE AN INDIVIDUAL WITH A DISABILITY OR A PERSON 40 YEARS OLD OR OLDER.

Mountain States Line Constructors will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under Title 29 of the Code of Federal Regulations, part 30.

YOUR RIGHT TO EQUAL OPPORTUNITY

It is against the law for a sponsor of an apprenticeship program registered for Federal purposes to discriminate against an apprenticeship applicant or apprentice based on race, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, age (40 years or older), genetic information, or disability. The sponsor must ensure equal opportunity with regard to all terms, conditions, and privileges associated with apprenticeship.

FILING A DISCRIMINATION COMPLAINT

If you think that you have been subjected to discrimination, you may file a complaint within 300 days from the date of the alleged discrimination or failure to follow the equal opportunity standards with:

Insert the contact information for the appropriate complaints office below:

U.S. Department of Labor	
Office of Apprenticeship	
200 Constitution Ave., NW	
Washington, D.C. 20210	
Attn: Apprenticeship EEO Complaints	
Andrew Ridgeway	202-693-3536
ApprenticeshipEEOcomplaints@dol.gov	



OFFICE OF APPRENTICESHIP

EACH COMPLAINT FILED MUST BE MADE IN WRITING AND INCLUDE THE FOLLOWING INFORMATION:

1. Complainant's name, address, and telephone number, or other means of contact, for contacting the complainant.
2. The identity of the respondent (i.e. the name, address, and telephone number of the individual or entity that the complainant alleges is responsible for the discrimination).
3. A short description of the events that the complainant believes were discriminatory, including but not limited to when the events took place, what occurred, and why the complainant believes the actions were discriminatory (for example, because of his/her race, color, religion, sex (including pregnancy and gender identity), sexual orientation, national origin, age (40 or older), genetic information, or disability).
4. The complainant's signature or the signature of the complainant's authorized representative.

You may also be able to file complaints directly with the EEOC, or State fair employment practices agency. If those offices have jurisdiction over the sponsor/ employer, their contact information is listed below.

Insert EEOC contact information and Contact information for state fair employment practices agency, as applicable.

Pat Miller
U.S. Department of Labor
125 South State Street, Suite 2412
Salt Lake City, UT 84138

Complaint Form – Equal
Employment Opportunity in
Apprenticeship Programs

U.S. Department of Labor
Employment and Training Administration
Office of Apprenticeship



OMB No. 1205-0224
Expiration Date: 03/31/2023

Instructions: Before completing this form, please read all instructions, including the Privacy Act statement below. Use this form to file a complaint of discrimination. This form constitutes notification that a formal Equal Employment Opportunity Complaint is being filed with the U.S. Department of Labor (USDOL).

Privacy Act Notice: The Privacy Act of 1974 requires that the USDOL provide the following statements to each individual from whom it requests information.

The authority for collecting this information is the National Apprenticeship Act of 1937.
The submission of this information is voluntary.
The information is used to process complaints under the above Act.

A copy of this complaint will be provided to the sponsor against whom it is filed. The information collected may be verified with persons who have knowledge pertinent to the complaint, may be used in the course of settlement negotiations with the sponsor and/or in the course of presenting evidence at a hearing, or may be disclosed to other agencies with jurisdiction over the complaint. Only the text of your complaint will be disclosed to the Sponsor and/or Employer. To the extent permitted by law, your actual name and address will not be disclosed.

Failure to provide the information will restrict the action the USDOL can take on your behalf.

Non-Retaliation: Federal (Office of Apprenticeship, "OA") regulations require sponsors and employers to take all necessary steps to assure that there is no retaliation against any person who files an employment discrimination complaint or alleging a violation of 29 C.F.R. Part 30; opposes employment discrimination; provides information to, assists, or participates in any manner in employment discrimination proceedings; or otherwise takes action that he or she has a right to take under applicable laws and regulations. This includes any intimidation, threat, coercion or discrimination. Please notify the OA State Representative immediately if any alleged attempt at retaliation is made and file a Complaint Form.

All complaints must be filed within 300 days of the alleged discrimination or alleged failure to follow equal opportunity standards. Exceptions to this time frame must be fully justified and approved by the USDOL.

Name of Complainant: _____

Street Address: _____

City: _____

State: _____ ZIP Code: _____

Telephone No: _____

Apprenticeship Program Sponsor: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Date of discrimination or failure to follow equal opportunity standards: _____

